Kevzara® (sarilumab)
Effective January 1, 2021

Plan	☐ MassHealth ☒ MassHealth (PUF) ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview
Kevzara® (sarilumab) is an interleukin-6 (IL-6) receptor blocker indicated for:
- Treatment of adult patients with moderately to severely active rheumatoid arthritis

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with Kevzara, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted if the member meets ALL following criteria and documentation has been submitted:

Moderate to Severe Rheumatoid Arthritis (RA)
Prescriber provides documentation of **ALL** the following:
- Appropriate diagnosis
- **ONE** of the following:
    a. Paid claims or physician documented inadequate response or adverse reaction to at least ONE traditional DMARD (See Appendix B) or contraindication to traditional DMARDs
    b. Paid claims or physician documented inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for the requested indication
- Dosing is appropriate

Continuation of Therapy

Reauthorization requires physician documentation of continuation of therapy, positive response to therapy, FDA approved indication and appropriate dosing.

Limitations

1. Initial approvals will be for 6 months.
2. Reauthorizations will be for 12 months.
3. The following quantity limits apply:

Kevzara 150mg/1.14mL Kevzara 200mg/1.14mL	2 syringes/pens per 28 days

Appendix A

Kevzara® (sarilumab)	**Rheumatoid arthritis:** 200 mg subcutaneously every two weeks, reduce dose to 150 mg for management of neutropenia, thrombocytopenia and elevated liver enzymes

Appendix B. Conventional Therapies for Plaque Psoriasis

Conventional Treatment Lines	Agents Used
Topical Agents	emollients, keratolytics, corticosteroids, coal tar, anthralin, calcipotriene, tazarotene, calcitriol, calcineurin inhibitors
Systemic Agents	Traditional DMARDs: methotrexate, apremilast, acitretin,
Phototherapy	ultraviolet A and topical psoralens (topical PUVA), ultraviolet A and oral psoralens (systemic PUVA), narrow band UV-B (NUVB)

References

1. Kevzara (sarilumab) [prescribing information]. Bridgewater, NJ: Sanofi-Aventis; April 2018.
2. Genovese MC, Fleischmann R, Kivitz AJ, et al. Sarilumab plus methotrexate in patients with active rheumatoid arthritis and inadequate response to methotrexate: results of a phase III study. *Arthritis Rheumatol.* June 2015;67(6):1424-37.
3. Strand V, Reaney M, Chen C, et al. Sarilumab improves patient-reported outcomes in rheumatoid arthritis patients with inadequate response/intolerance to tumour necrosis factor inhibitors. *RMD Open.* 2017; 3**:**e000416. doi: 10.1136/rmdopen-2016-000416.

Review History

03/01/18 – Effective
02/20/19 – Reviewed in P&T Meeting
10/21/2020 – Reviewed and Updated; separated out Comm/Exch vs. MassHealth. Matched MassHealth Preferred Unified Formulary for implementation 1/1/2021

Disclaimer

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